

Fill in this information to identify the case:

Debtor name Smile Store Support Services, LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) 3:20-bk-01297

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 25, 2020

X /s/ Martin Bremer

Signature of individual signing on behalf of debtor

Martin Bremer

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Smile Store Support Services, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEECase number (if known) 3:20-bk-01297☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 33,495.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 33,495.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 189,454.97
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 488,297.98
4. Total liabilities Lines 2 + 3a + 3b	\$ 677,752.95

Fill in this information to identify the case:Debtor name **Smile Store Support Services, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:20-bk-01297**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Bank of America****Checking****7541****\$0.00**3.2. **Pinnacle****Checking****9641****\$495.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$495.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

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Case 3:20-bk-01297 Doc 34 Filed 03/25/20 Entered 03/25/20 18:58:59 Desc Main Document Page 3 of 31

Debtor Smile Store Support Services, LLC
Name

Case number (If known) 3:20-bk-01297

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Dental supplies (purchased as needed and consumable): gloves, masks, gauze, bonding, etc.	February, 2020	\$0.00		\$1,500.00

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$1,500.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor Smile Store Support Services, LLC
Name

Case number (If known) 3:20-bk-01297

39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment and supplies, including: 3 ipads; 1 mac desktop; chromebook; 2 iPhones, 3 desks, refrigerator, cubbies, metal storage unit, metal racks, T-stand signs, miscellaneous artwork etc.	\$0.00	Est. Market	\$10,000.00
	Leased equipment with Mood Media	\$0.00		Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$10,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Airstar 10 Oil-Free Air Compressor, Serial No. AS100-18040009 (Retail price: \$4,457) Vacstar 20 115V 2-User, Serial No. VS200-18030015 (Retail price: \$2,430) Statim 5000 G4, Serial No. 1009445 (Retail price: \$6,435) All purchased 8/2017	Unknown		Unknown

Debtor Smile Store Support Services, LLC
Name

Case number (If known) 3:20-bk-01297

Orthophos XG 5 w/Hidef Sensor; Serial No.
370495 (Retail price: \$25,536); X-Ray Machine
Purchased 8/17/2018

Unknown

Unknown

iTero Element II (Stand Up Model); (Retail
price: \$30,000, inclusive of limited service and
warranty)
Purchase money financing satisfied

\$0.00

Est. Market

\$15,000.00

Dental chair (\$5,000) with side unit (\$500) and
algier overhead light (\$1,000)

\$0.00

\$6,500.00

Various non-consumable orthodontic tools
Purchase prices estimated to be \$500; no
secondary market value believed to exist

\$0.00

\$0.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$21,500.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

60. Patents, copyrights, trademarks, and trade secrets
Trademark of "Smile Store"
USPTO No. 87596351
Filed date: 9/5/2017
Published for opposition: 6/19/2018
Registered: 8/28/19

Unknown

Unknown

Debtor Smile Store Support Services, LLC
Name

Case number (If known) 3:20-bk-01297

Trademark "Smilestore"

USPTO No. 87952253

Filed 6/7/18

Published for opposition 5/21/19

Registered 1/7/2020

\$0.00

Unknown

Trademark for "KALOS"

USPTO No. 88483893

Filed: 6/21/19

Published for Opposition: 10/22/19

Current filing basis is 1(b)

\$0.00

\$0.00

61. Internet domain names and websites

62. Licenses, franchises, and royalties
License for commercial space (see Schedule G)

\$0.00

\$0.00

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable
Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit)

Debtor Smile Store Support Services, LLC
Name

Case number (If known) 3:20-bk-01297

has been filed)

Counterclaim against Smile Direct Club, LLC

Unknown

Nature of claim Civil - Antitrust

Amount requested \$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Smile Store Support Services, LLC
Name

Case number (If known) 3:20-bk-01297

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$495.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,500.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$10,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$21,500.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$33,495.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$33,495.00</u>

Fill in this information to identify the case:

Debtor name **Smile Store Support Services, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) **3:20-bk-01297**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Patterson Companies <small>Creditor's Name</small> 1031 Mendota Heights Road Saint Paul, MN 55120 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 1464 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Airstar 10 Oil-Free Air Compressor, Serial No. AS100-18040009 (Retail price: \$4,457) Vacstar 20 115V 2-User, Serial No. VS200-18030015 (Retail price: \$2,430) Statim 5000 G4, Serial No. 1009445 (Retail price: \$6,435) All purchased 8/2017 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,213.11	Unknown

2.2	Patterson Companies <small>Creditor's Name</small> 1031 Mendota Heights Road Saint Paul, MN 55120 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien Orthophos XG 5 w/Hidef Sensor; Serial No. 370495 (Retail price: \$25,536); X-Ray Machine Purchased 8/17/2018 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$28,205.94	Unknown
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Debtor **Smile Store Support Services, LLC**
Name

Case number (if known) **3:20-bk-01297**

1462

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 Pinnacle Financial Partners

Creditor's Name

**150 3rd Avenue South
Nashville, TN 37201**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Blanket lien on tangible and intangible property

\$152,035.92

\$0.00

Describe the lien

UCC

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$189,454.97

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Smile Store Support Services, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:20-bk-01297**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation Philadelphia, PA 19101	\$0.00	\$0.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim: Notice only		
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Align Technology, Inc. 3030 Slater Road Morrisville, NC 27560	\$210,000.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred	
	Basis for the claim: RE: Product orders remaining unpaid	
	Last 4 digits of account number	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address American Express PO Box 981535 El Paso, TX 79998	\$44,024.95
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred	
	Basis for the claim:	
	Last 4 digits of account number 1000	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Smile Store Support Services, LLC**
Name

Case number (if known) **3:20-bk-01297**

3.3	Nonpriority creditor's name and mailing address Bass, Berry & Sims, PLC 150 3rd Avenue South, Nashville, TN 37201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140,761.12
3.4	Nonpriority creditor's name and mailing address Brasseler USA Dental, LLC One Brasseler Blvd Savannah, GA 31419 Date(s) debt was incurred ____ Last 4 digits of account number <u>0985</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$620.14
3.5	Nonpriority creditor's name and mailing address CT Corporation PO Box 4349 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number <u>1594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: Fees for Delaware Registered Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.00
3.6	Nonpriority creditor's name and mailing address Forward Financing LLC 100 Summer Street, Suite 1175 Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$22,483.00
3.7	Nonpriority creditor's name and mailing address Nashville Area Chamber of Commerce 211 Commerce Street, Suite 100 Nashville, TN 37201 Date(s) debt was incurred ____ Last 4 digits of account number <u>1549</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.8	Nonpriority creditor's name and mailing address Nashville Electric Service 1214 Church Street Nashville, TN 37246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: 2126 Abbott Martin Rd #168, Nashville, TN 37215</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address Orthoacel Technologies, Inc. 6575 West Loop South, Suite 200 Bellaire, TX 77401 Date(s) debt was incurred ____ Last 4 digits of account number <u>2018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: 5 Aceledent Optima Patient Kits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,647.54

Debtor **Smile Store Support Services, LLC**
Name

Case number (if known) **3:20-bk-01297**

3.10	Nonpriority creditor's name and mailing address Patterson Companies 1031 Mendota Heights Road Saint Paul, MN 55120 Date(s) debt was incurred ____ Last 4 digits of account number <u>1805</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured, terms of repayment for \$5,209. set in August, 2019</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,499.96
3.11	Nonpriority creditor's name and mailing address SDC Financial, LLC c/o George H. Cate, III, Esq. 1600 Division Street Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>RE: SDC Financial, LLC and Smile Direct Club, LLC vs. Bremer, MH, D.M.D. of Tennessee, PLLC and Smile Store Support Services, LLC</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.12	Nonpriority creditor's name and mailing address Signarama of Belle Meade 95 White Bridge Rd, Suite 104 Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$10,000.00
3.13	Nonpriority creditor's name and mailing address SmileDirectClub, LLC c/o George H. Cate, III, Esq. 1600 Division Street Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>RE: SDC Financial, LLC and Smile Direct Club, LLC vs. Bremer, MH, D.M.D. of Tennessee, PLLC and Smile Store Support Services, LLC</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.14	Nonpriority creditor's name and mailing address SouthCentral A/V 756 Melrose Avenue Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number <u>3359</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only; lease noted on Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Square Capital, LLC c/o Celtic Bank Corporation Date(s) debt was incurred <u>12/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,399.00
3.16	Nonpriority creditor's name and mailing address Taubman Properties 200 E. Long Lake Road, Suite 300 Bloomfield Hills, MI 48304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: Commercial lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Smile Store Support Services, LLC**
Name

Case number (if known) **3:20-bk-01297**

3.17	Nonpriority creditor's name and mailing address Verizon Wireless c/o Bankruptcy Admin 500 Technology Drive, Suite 550 Saint Charles, MO 63304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: 2126 Abbott Martin Rd #168, Nashville, TN 37215</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.18	Nonpriority creditor's name and mailing address Waller Lansden Dortch & Davis 511 Union Street, Suite 2700 PO Box 198966 Nashville, TN 37219-8966 Date(s) debt was incurred ____ Last 4 digits of account number <u>Multiple</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: Legal Fees</u> <u>Matter Nos. 034422.81125; 034422.86664; 034422.87691; Matter No. 034422.84126</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,957.27
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3.19	Nonpriority creditor's name and mailing address Williamson County Soccer Association PO Box 680037 Franklin, TN 37068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RE: Unpaid sponsorship</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Mood Media 2100 S IH-35 Frontage Road Suite 200 Austin, TX 78704	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	SmileDirectClub, LLC c/o Susan Poll Klaessy, Esq. 321 North Clark Street Chicago, IL 60654	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	SmileDirectClub, LLC c/o George H. Cate, III, Esq. 1600 Division Street Nashville, TN 37203	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	Square Capital Program ATTN: Capital Servicing Chicago, IL 60673	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	Total of claim amounts
5b. Total claims from Part 2	5a. \$ 0.00
	5b. + \$ 488,297.98

Debtor Smile Store Support Services, LLC
Name

Case number (if known) 3:20-bk-01297

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$	<u>488,297.98</u>
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Fill in this information to identify the case:

Debtor name **Smile Store Support Services, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) **3:20-bk-01297**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest
iTero service contract; \$1995 annually plus incidental costs and fees.

State the term remaining

List the contract number of any government contract

Align

2.2. State what the contract or lease is for and the nature of the debtor's interest
**Lease for sound equipment and music services
RMP = \$168**

State the term remaining

List the contract number of any government contract

**SouthCentral A/V
756 Melrose Avenue
Nashville, TN 37211**

2.3. State what the contract or lease is for and the nature of the debtor's interest
Commercial license for occupancy of retail space within mall, located at 2126 Abbott Martin Rd. Suite 168, Nashville, TN 37215. License through July, 2020.

State the term remaining

List the contract number of any government contract

To July, 2020

**Taubman Properties
200 E. Long Lake Road, Suite 300
Bloomfield Hills, MI 48304**

Fill in this information to identify the case:Debtor name **Smile Store Support Services, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:20-bk-01297**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Eric Riffer** **309 Wendon Court
Franklin, TN 37069**

Patterson Companies

☒ D **2.1**
☐ E/F _____
☐ G _____

2.2 **Eric Riffer** **309 Wendon Court
Franklin, TN 37069**

Patterson Companies

☒ D **2.2**
☐ E/F _____
☐ G _____

2.3 **Eric Riffer** **309 Wendon Court
Franklin, TN 37069**

**Pinnacle Financial
Partners**

☒ D **2.3**
☐ E/F _____
☐ G _____

2.4 **Martin Bremer** **1212 Brentwood Lane
Brentwood, TN 37027**

Patterson Companies

☒ D **2.1**
☐ E/F _____
☐ G _____

2.5 **Martin Bremer** **1212 Brentwood Lane
Brentwood, TN 37027**

Patterson Companies

☒ D **2.2**
☐ E/F _____
☐ G _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Martin Bremer	1212 Brentwood Lane Brentwood, TN 37027	Pinnacle Financial Partners	<input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	Martin Bremer	1212 Brentwood Lane Brentwood, TN 37027	American Express	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.2 <input type="checkbox"/> G _____
2.8	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Bass, Berry & Sims, PLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.3 <input type="checkbox"/> G _____
2.9	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Waller Lansden Dortch & Davis	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.18 <input type="checkbox"/> G _____
2.10	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Patterson Companies	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.10 <input type="checkbox"/> G _____
2.11	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Align Technology, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.1 <input type="checkbox"/> G _____
2.12	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Pinnacle Financial Partners	<input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.13	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Patterson Companies	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Smile Store Support Services, LLC**

Case number (if known) **3:20-bk-01297**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Patterson Companies	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.15	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Taubman Properties	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.16 <input type="checkbox"/> G _____
2.16	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Verizon Wireless	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.17 <input type="checkbox"/> G _____
2.17	MH D.M.D of Tennessee, PLLC	2126 Abbott Martin Road, Suite 168 Nashville, TN 37215	Nashville Electric Service	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.8 <input type="checkbox"/> G _____
2.18	Miriam Hall	486 Sterns Crossing Dixon Springs, TN 37057	Pinnacle Financial Partners	<input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name Smile Store Support Services, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEECase number (if known) 3:20-bk-01297☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2020 to **Filing Date****Sources of revenue**

Check all that apply

☐ Operating a business☒ Other Gross Revenues**Gross revenue**

(before deductions and exclusions)

\$69,705.00**For prior year:**From 1/01/2019 to 12/31/2019☐ Operating a business☒ Other Gross Revenues\$269,108.00**For year before that:**From 1/01/2018 to 12/31/2018☐ Operating a business☒ Other Gross Revenues\$54,960.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Forward Financing LLC 100 Summer Street, Suite 1175 Boston, MA 02110	Collective within 90 days of petition	\$7,722.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. Square Capital Program ATTN: Capital Servicing Chicago, IL 60673	Collective within 90 days of petition	\$7,670.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. Taubman Properties 200 E. Long Lake Road, Suite 300 Bloomfield Hills, MI 48304	December, January and February rent	\$14,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	SDC FINANCIAL, LLC and SMILE DIRECT CLUB, LLC, v. MARTIN BREMER; SMILE STORE, LLC; MH, D.M.D. of TENNESSEE, PLLC; and SMILE STORE SUPPORT SERVICES, LLC 19-cv-00525	Civil Complaint and Counterclaim	U.S. District Court - Middle Tennessee U.S. Courthouse Estes Kefauver Federal Bldg & Courthouse 801 Broadway, Room 800 Nashville, TN 37203	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------	------------------------

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Dunham Hildebrand 2416 21st Avenue South, Suite 303 Nashville, TN 37212		February, 2020	\$10,000.00
	Email or website address www.dhnashville.com			
	Who made the payment, if not debtor? Smile Store / MH D.M.D.			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 . Dr. White	iTero Element Flex Orthodontic System; (Retail price: \$28,000, inclusive of service and warranty) Sold for \$10,000 in February, 2020 (purchaser was Dr. White)	February, 2020	\$10,000.00
Relationship to debtor none			
13.2 . Miriam Hall 486 Sterns Crossing Dixon Springs, TN 37057	iTero Element II (Stand Up Model); (Retail price: \$30,000, inclusive of limited service and warranty), Purchase money financing satisfied, sold to Miriam Hall in exchange for \$24,000 payment.	2019	\$24,000.00
Relationship to debtor Member			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Medical questionnaire that may include personally identifiable information is filled out by customer-patients and stored in company software managed by third party with encryption.

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Owner's name and address	Location of the property	Describe the property	Value
Miriam Hall 486 Sterns Crossing Dixon Springs, TN 37057	Debtor's place of business	iTero Element II (Stand Up Model); (Retail price: \$30,000, inclusive of limited service and warranty), Purchase money financing satisfied, sold to Miriam Hall in exchange for \$24,000. Present value believed to be \$15,000	\$15,000.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26a.1.	Jason Meadows Frazier & Deeter 222 Second Ave South Suite 1840 Nashville, TN 37201	Summer, 2018 - Fall, 2019
26a.2.	Ashley Holloway Holloway Accounting Services 237 Castlewood Dr Suite F Murfreesboro, TN 37129	Fall, 2019 - present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Ashley Holloway Holloway Accounting Services 237 Castlewood Dr Suite F Murfreesboro, TN 37129	
26c.2.	Eric Riffer 309 Wendon Court Franklin, TN 37069	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	Pinnacle Bank
26d.2.	Capstar Bank

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Martin Bremer	1212 Brentwood Lane Brentwood, TN 37027	CEO	70
Name	Address	Position and nature of any interest	% of interest, if any
Eric Riffer	309 Wendon Court Franklin, TN 37069	COO/CFO	20
Name	Address	Position and nature of any interest	% of interest, if any
Miriam Hall	486 Sterns Crossing Dixon Springs, TN 37057	Chief Clinical Officer	10

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Martin Bremer 1212 Brentwood Lane Brentwood, TN 37027	\$63,831 (estimated)	March 1, 2019 - February 28, 2020	Services provided
	Relationship to debtor Member ,CEO			
30.2	Eric Riffer 309 Wendon Court Franklin, TN 37069	\$67,936 (estimated)	March 1, 2019 - February 28, 2020	Services provided
	Relationship to debtor Member, COO/CFO			
30.3	Miriam Hall 486 Sterns Crossing Dixon Springs, TN 37057	\$0.00 (estimated)	March 1, 2019 - February 28, 2020	Services provided
	Relationship to debtor Member, Chief Clinical Officer			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 25, 2020/s/ Martin Bremer

Signature of individual signing on behalf of the debtor

Martin Bremer

Printed name

Position or relationship to debtor MemberAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Middle District of Tennessee**

In re **Smile Store Support Services, LLC**

Debtor(s)

Case No. **3:20-bk-01297**

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Eric Riffer 309 Wendon Court Franklin, TN 37069			20%
Martin Bremer 1212 Brentwood Lane Brentwood, TN 37027			70%
Miriam Hall 486 Sterns Crossing Dixon Springs, TN 37057			10%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **March 25, 2020**

Signature **/s/ Martin Bremer
Martin Bremer**

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Tennessee**

In re **Smile Store Support Services, LLC**

Debtor(s)

Case No. **3:20-bk-01297**

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 25, 2020**

/s/ Martin Bremer

Martin Bremer/Member

Signer/Title